

## APPLICATION for LICENSE to DISTRIBUTE PESTICIDES

*In accordance with Section 2-2635 of the Nebraska Pesticide Act, any person who distributes, at wholesale or retail or possesses pesticides with an intent to distribute them, is required to obtain a pesticide dealer license for each distribution location.*


\*\*\*\*\*FOLLOW INSTRUCTIONS ON REVERSE SIDE \*\*\*\*\*

*Return this form, along with a fee of \$25 to the Bureau of Plant Industry at the above address.*

***Applications returned with missing information will not be accepted and will be returned to the applicant.***

*Please print or type*

1. Business or establishment name		City/state/zip	
Address		Telephone Contact person	
2. If the applicant is a corporation, under the law of which state has it been formed?		3. Type of ownership: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Other (explain)	
4. Legal entity/owner's name (if different than above)		Address	
City/state/zip		Telephone	
5a. Partner or corporate officer name (last, first, MI, title)		5b.. Partner or corporate officer name (last, first, MI, title)	
Street/P.O. Box		Street/P.O. Box	
City/state/zip		City/state/zip	
5c. Partner or corporate officer name (last, first, MI, title)		5d. Partner or corporate officer name (last, first, MI, title)	
Street/P.O. Box		Street/P.O. Box	
City/state/zip		City/state/zip	
6. Person authorized to receive notices and orders from the Nebraska Department of Agriculture (if different than #1) NOTE: Person listed must be a Nebraska resident - see instructions on reverse side.			
Last name	First name	M.I	Title
Address		City/state/zip	
7. This business will engage in: (Check all that apply)			
<input type="checkbox"/> Selling or distributing general use pesticides		<input type="checkbox"/> Providing pesticide recommendations	
<input type="checkbox"/> Selling or distributing restricted-use pesticides		<input type="checkbox"/> Business activity - primarily with agriculture (>80% by vol.)	
<input type="checkbox"/> Storing pesticides		<input type="checkbox"/> Business activity - primarily with home-use products	
<input type="checkbox"/> Applying pesticides		<input type="checkbox"/> Business activity - primarily with structural pest control	
<input type="checkbox"/> Selling or distributing "bulk" pesticides (>55 gal.)			
8. First name of person completing this application		Last name	Title

Sign  \_\_\_\_\_ Date \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
(Owner, partner, or corporate officer)